

New Jersey Department of Education
Office of Vocational-Technical, Career and Innovative Programs

**EVENING SCHOOL FOR FOREIGN-BORN RESIDENTS
FY 2008**

**FINAL REPORT:
Project period 9/1/2007 to 6/30/2008**

LEA: _____

Project Code: EFB _ _ _ _ 08

County: _____

Project Director:	Telephone #:	FAX:
Address:	Approved Allocation FY 2008:	
	Adults Served in FY 2008:	

PROGRAM REPORT

Provide a brief response to the following questions. **Use as many sheets as necessary.**

1. For each goal and/or objective listed in the application's Project Activity Plan, describe the extent to which the goals and objectives were met. Describe the activities that were effective in the achievement of the goals and objectives.
2. For those goals and objectives that were not completed, please list those goals and objectives and provide an analysis of the reasons why they were not achieved. Additionally, describe those activities that did not produce the anticipated outcomes.

In the appropriate spaces below, identify the number of adult learners in your 2007-2008 program at each of the levels listed. Also, identify the number of adult learners who experienced achievement in the areas listed.

Educational Functioning Levels and Achievement	Totals
Number of adult learners enrolled in beginning level of literacy program.	
Beginning Literacy ESL _____	
Beginning ESL _____	
Intermediate Low ESL _____	
Intermediate High ESL _____	
Advanced Low ESL _____	
Advanced High ESL _____	
Total	
Number of adult learners enrolled in secondary level program (level III).	
Adult Secondary Education Low _____	
Adult Secondary Education High _____	
Total	
Number of adult learners who advanced an educational functioning level	
Number of adult learners who achieved their identified entry-level personal goal	
Number of adult learners who obtained a GED or secondary school diploma	
Number of adult learners placed in postsecondary education or training	
Number of adult learners who obtained employment	
Number of adult learners who gained citizenship	

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FINAL REPORT: PROJECT PERIOD 9/1/2007 TO 6/30/2008

1. PROJECT NUMBER: EFB ____ 08		2. LEA:		3. County:	
4. Project Director:		4a. Tel. #		4b. Fax #	
5. Address:			6. Approved Allocation FY 2008: \$		
			7. Adults Served in FY 2008:		
8. Have the goals, objectives, and activities in the approved application been completed and/or met. <input type="checkbox"/> Yes <input type="checkbox"/> No Please complete attached Program Report.					
9. EXPENDITURE CATEGORY	9a. FUNC/OBJ CODE	9b. EFB (STATE) FUNDS EXPENDED	9c. LOCAL MATCH FUNDS EXPENDED	9d. AMOUNTS TO BE REFUNDED	
INSTRUCTION: Personal Services - Salaries	100-100				
Purchased Prof. & Tech. Services	100-300				
Other Purchased Services	100-500				
General Supplies	100-600				
Other Objects	100-800				
SUBTOTAL INSTRUCTION					
SUPPORT SERVICES					
Personal Services - Salaries	200-100				
Personal Services-Employee Benefits	200-200				
Purchased Prof.-Ed Services	200-300				
Purchased Prof. - Ed. Services.	200-320				
Purchased Property Services	200-400				
Other Purchased Services	200-500				
Travel	200-580				
Supplies and Materials	200-600				
Other Objects	200-800				
<i>Indirect Costs</i>	200-860				
SUBTOTAL - SUPPORT SERVICES					
FACILITIES ACQ & CONSTR SERV					
Buildings (Use Charge)	400-720				
Instructional Equipment	400-731				
Non-instructional Equipment	400-732				
SUBTOTAL - FACILITIES ACQ & CONSTR					
School-wide Programs: Abbott	520-930				
School-wide Programs: Non-Abbott	520-932				
TOTAL FUNDS					
All refund checks should be made out to: Treasurer, State of New Jersey, and returned to the address indicated in the directions.					
10. We certify that this report is accurate to the best of our knowledge.					
Approved by Chief School Administrator:		(Signature): _____		Date: _____	
Approved by Board Secretary/School Business Administrator.:		(Signature): _____		Date: _____	

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INSTRUCTIONS FOR COMPLETING FINAL REPORT

Due December 1, 2008

- 1.. Complete all identifying information in lines 1 through 5.
2. Enter your LEA's Approved FY 2008 Allocation on line 6.
3. On line 7, indicate the number of adults served in the district's Evening School for Foreign-Born Residents during 2007-2008 school year. Count only those participants who received instruction for at least 12 hours during the program year or reached their entry-level identified goal.
4. On line 8, check the appropriate response box and complete the Program Report page.
5. Enter by line item the amount expended from the originally approved EFB (state) budget or the most recently approved amended budget.
6. Enter by line item the amount expended from the originally approved Local Match budget or the most recently approved amended budget.
7. Enter by line item the unexpended state funds that the LEA will be refunding. Enclose a check for any unexpended funds that your LEA will be refunding. Make check payable to: **Treasurer, State of New Jersey**, and mail, with a copy of this report, to:

New Jersey Department of Education
Office of Budget and Accounting
Bureau of Revenue and Grant Accounting
PO Box 500
Trenton, New Jersey 08625-0500

NOTE: *Total Funds Row:* The total of columns "EFB Funds Expended" plus "Funds to be Refunded" must equal the Approved Allocation for FY 2008.

10. The Chief School Administrator and the Board Secretary must sign and date the form after reviewing and approving all information contained therein.
11. **Send the original and one copy of this Final Report to:**

New Jersey Department of Education
Office of Vocational/Technical, Career and Innovative Programs
PO Box 500
Trenton, New Jersey 08625-0500

Please maintain a copy of the report in the district office.